

TEMPORARY LICENSE APPLICATION INSTRUCTIONS

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Mission Statement

The overriding mission of the Board of Registration in Medicine is to serve the public by striving to ensure that only qualified physicians are licensed to practice in the Commonwealth, and that those physicians and health care institutions in which they practice provide to their patients a high standard of care and support in an environment that maximizes the high quality of health care in Massachusetts.

General Instructions for Temporary Medical License

Please note that if you ever held a full license in Massachusetts, you must complete a lapsed application. The lapsed application and instructions are on the Board's website at www.massmedboard.org.

Completing the application and forms: Please read these instructions carefully before submitting an application for a temporary medical license. The application packet consists of the forms required for completing the application process.

- Print information in blue or black ball point pen. Illegible information will result in processing delays.
- Provide a response to each applicable piece of information which is asked of you in the application packet.
- Include all components of the requested information, especially complete names and addresses of medical schools and hospitals. Failure to submit full addresses will result in delays.

The processing time for a temporary license application is dependent on receipt of all documents. Routine processing of a temporary license application usually requires a minimum of four weeks and may be longer if there are any malpractice or legal issues. After reviewing your file, we will notify you if additional documents are required. If you wish acknowledgment of receipt, please mail your application by certified mail, return receipt requested. Completed applications are presented to the Board bi-weekly.

This application is for U.S. and international medical graduates applying for temporary licensure.

1. U.S. applicants are graduates of medical schools in the United States or Canada or Puerto Rico.
2. International applicants are graduates of international medical schools (IMGs).

Please use the Temporary Checklist as a guide to identify the forms that must be completed by U.S. or international medical graduate applicants.

IMPORTANT: Make a copy of all forms submitted for your records. You will be required to provide a copy of your temporary license application to the healthcare facility.

• **APPLICATION FEE**

The application-processing fee is nonrefundable. Please make a check in the amount of \$250.00 made payable to the Commonwealth of Massachusetts. A certified check or money order is preferred, but a personal check will be accepted.

Applications will not be processed without the fee and will be returned to the sender.

• **TEMPORARY LICENSE CATEGORIES**

There are four (4) temporary license categories which may be granted by the Board to a physician pursuant to M.G.L. c.112, sec. 9B (1).

Category 1: Temporary Faculty Appointment

A visiting physician holding a license in another state, territory or country who has a temporary faculty appointment (instructor, associate professor, assistant professor or higher), certified by the dean of a medical school in the Commonwealth for purposes of medical education in an accredited hospital associated with the medical school. Time Limit: A temporary faculty license for faculty appointment is granted for eight (8) months and may be renewed for a total of three (3) years. A request for renewal of temporary licensure must be submitted at least sixty (60) days prior to the expiration date.

Category 2: Temporary License for Physician Coverage

A Category 2 temporary license for a substitute physician in the Commonwealth may be granted to a physician who is licensed in another state, or a physician who is eligible for a Massachusetts medical license and is a diplomate of a specialty board approved by the AMA or AOA. Such temporary license enables him/her to act as a substitute physician for a fully licensed Massachusetts physician who is sick, on vacation or on maternity leave, etc. Time Limit: A Category 2 temporary license is limited to three (3) months or less and cannot be renewed.

Category 3: Enrollment in Medical Education Course

A Category 3 temporary license enables a physician with a current full medical license in another state, territory in the District of Columbia or another country to attend a course of continuing medical education (CME) in the Commonwealth of Massachusetts. Time Limit: A Category 3 temporary license for continuing medical education terminates automatically at the completion of the CME course and, in any event, at the end of three (3) months.

Category 4: Visiting Short-term Faculty

A short-term faculty temporary license may be granted to a physician who wishes to serve as visiting faculty in an accredited hospital associated with a medical school in Massachusetts. Time Limit: A temporary visiting short term faculty license expires in 30 days.

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

Other Names(s) Used: If the name on the first line of the application does not correspond with the name on the credentials, you must submit a notarized copy of the name change, whether by court order or by marriage certificate. If the name is written in a foreign language, you must submit an official notarized translation.

Social Security Number: Your social security number may be used to facilitate the authorized sharing of information with designated agencies for identification of licensees for the following purposes: reporting of disciplinary actions to national data repository systems; tax default status; student loan default status; child support arrearages; Medicaid provider eligibility; possession of Massachusetts controlled substances registration; and collection of fines from Board disciplinary cases. The Board considers this information highly confidential and not subject to release except as specifically authorized.

Medical Education: List pre-medical and medical school(s) attended chronologically along with the dates you attended, whether or not a degree was received from that institution. If you are a U.S. graduate and attended medical school for more than four (4) years or there is a gap in your medical education, please explain why on a separate sheet of paper. If you are an international graduate and attended more than six (6) years of medical school, please explain why on a separate sheet of paper.

Postgraduate Education and Hospital Appointments: Chronologically list and date all educational, professional training experience and employment from the date of graduation from medical school to the present. Account for all periods of time, whether or not you were engaged in the practice of medicine. Please enclose a copy of your curriculum vitae.

OTHER TEMPORARY APPLICATION FORMS

- MEDICARE TAX FORM

All applicants for temporary Massachusetts medical licensure must complete the Medicare Tax form and return it to the Board with the temporary license application.

- Authorization for Release of Information

The Authorization for Release of Information form must be completed and returned to the Board with the temporary license application.

- SUPPLEMENT TO APPLICATION

Instructions for answering the questions on the Supplement form are included in the application packet. All of the questions on the Supplement form must be answered "YES" or "NO." Please be careful in matching answers to questions. Pages 5-10 must be completed if you answer "YES" to any question(s)

- MALPRACTICE HISTORY

Complete the Malpractice History form only if you answer "yes" to questions #15 or 16, copy it and forward a copy to all current and past liability carriers for the past ten (10) years. This form must be completed whether or not a claim or suit has been filed against you in the past ten (10) years. The names and addresses of the carriers may be obtained from the risk management office at your training site or other health care facilities. Return the original form to the Board.

You must collect the following documents and send them to the Board with your temporary license application.

IMPORTANT: You will be requesting that certain documentation be returned to you directly. **The majority of these envelopes must have the signature of the endorser across the seal of the envelope. DO NOT OPEN THESE ENVELOPES.** The Board will not accept any opened envelopes and will return them to you. You will have to request this information again, which may delay the processing time of your temporary license application. The National Practitioner Data Bank will not have a signature across the seal of the envelope. Please make note of this and do not open the envelope. If you have to repeat the process to obtain this information, processing of your temporary license application may be significantly delayed

- STATE LICENSE VERIFICATION (REQUIRED FOR ALL TEMPORARY LICENSE CATEGORIES).

Please submit the State License Verification to the state or province where you currently hold a full license in the United States or Canada, whether the license is active or inactive. This takes approximately four (4) weeks to process and the licensing board may charge a fee. You should contact your state licensing board for information.

Please do not send your temporary license application to the Board until you have received the State License Verification from the state in which you currently hold a temporary license. Do not open the envelopes in which the license verification form is sent to you. If the seal on the envelope is broken, it will be returned to you and you will be required to repeat the process.

- LETTERS OF APPOINTMENT (REQUIRED FOR ALL CATEGORIES)

Category 1- Temporary Faculty License - A temporary faculty license requires an appointment letter from the dean of a medical school in Massachusetts, documenting the beginning and ending dates of the faculty appointment, the faculty position and a job description.

Category 2 – Temporary License for Physician Coverage - A temporary -license for physician coverage requires a letter from the physician who is requesting coverage stating the reasons, beginning date and end date of the coverage.

Category 3 Temporary License for Enrollment in Continuing Medical Education requires documentation from the continuing medical education sponsor as evidence of enrollment in the continuing medical education program.

Category 4 Visiting Short-Term Faculty temporary license requires an appointment letter from the dean of a medical school in Massachusetts, documenting the beginning and ending dates of the faculty appointment.

- EVALUATION FORM (REQUIRED FOR CATEGORIES 1 AND 2).

Evaluations must be current and must be signed by a chief of service or department chairman at the healthcare facility where you have active medical staff privileges. The Board reserves the right to require evaluations for any of the temporary license categories and that they must be current within thirty (30) days of review by the Board. Please inform the physician who is signing the form to place his/her signature across the affixed seal on the back of the envelope. The evaluation must be sent to the Board with your temporary license application. If the seal the envelope is broken, it will be returned to you and you will be required to repeat the process

- NATIONAL PRACTITIONER DATA BANK (REQUIRED FOR CATEGORIES 1 AND 2).

Please read the instructions to obtain a self-query Data Bank form. The form is available on-line at www.npdb-hipdb.com. You must complete the self-query form and print a hard copy which must be notarized and mailed directly to the Data Bank. You will receive a response in the mail; it must be forwarded DIRECTLY to the Board of Registration in Medicine unopened.

- AMA PHYSICIAN PROFILE (REQUIRED FOR CATEGORIES 1 AND 2).

Complete the AMA Physician Profile Request Form and mail to the AMA at the address on the top of the form, or you can access the AMA website at [www.ama-assn.org/AMA Profiles](http://www.ama-assn.org/AMA%20Profiles) and follow the instructions. The AMA profile will be sent directly the Board of Registration in Medicine.

- MEDICAL EDUCATION VERIFICATION (REQUIRED FOR CATEGORIES 1 ONLY).

Verification of premedical and medical education must be completed in detail and returned DIRECTLY to the Board of Registration in Medicine from the medical school. The Medical Education Verification form must be signed by the current dean, or designated official of the medical school that granted the degree, and sealed with the official school seal. If more than one medical school was attended, you must photocopy this form for each additional school. All forms must be completed, signed and sealed.

Additional Information for IMGs:

You must forward the Medical Education Verification form directly to your medical school(s). The medical school must also submit to the Board your official transcripts, accompanied by an official translation, if necessary, in English by the medical school or a translation company in the US.

Medical School Diploma

If you are an international medical graduate, a notarized copy of your medical school diploma must be sent to the Board.

Forms E-1 and E-2 For IMGs Only(REQUIRED FOR CATEGORIES 1 AND 2).

In situations where an applicant cannot comply with 243 CMR 2.03(1)(b), requiring substantial equivalency of medical school education, a Waiver Request must be submitted to the Board. If an applicant completed more than three (3) months of any required or elective clinical rotations outside of the country of their medical school, a Waiver Request and Forms E-1 and E-2 are required. The Board will review the applicant's medical school training, and/or off-site clinical rotations and determine whether they are substantially equivalent to medical school training in the United States. A Waiver Request and Forms E-1 and E-2 may be obtained by completing the Forms Request and forwarding it to the Board with your application.

•ADDRESS CHANGES

The Board will send all correspondence to the address that you indicate is your mailing address. If you change your address, you must notify the Board within thirty (30) days in writing

•PRACTICE OF MEDICINE

Please be advised that, under Massachusetts law, you may not practice medicine in the state until you have received a license. The license applicant is responsible for determining that the Board has issued a license prior to practicing medicine in the Commonwealth of Massachusetts.

PLEASE MAKE A COPY OF YOUR TEMPORARY LICENSE APPLICATION AND DOCUMENTS BEFORE MAILING TO THE BOARD. YOU ARE REQUIRED TO PROVIDE ALL HEALTHCARE AFFILIATIONS WITH A COPY OF YOUR TEMPORARY LICENSE APPLICATION AND SUPPLEMENT FOR CREDENTIALING.

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